



CENTRAL DISTRICT HEALTH DEPARTMENT DAYCARE INSPECTION REQUEST FORM

Central District Health Department must inspect all facilities applying for a child care license and/or will receive funding from the Idaho Child Care Program (ICCP). Mail or bring this form along with the appropriate fee to:

ADA COUNTY-Phone: (208) 327-8530 or (208) 327-8526 FAX: (208) 327-8553
707 N. Armstrong Place Boise, ID 83704
E-MAIL: ssimmons@cdhd.idaho.gov or apotcher@cdhd.idaho.gov

ELMORE COUNTY-Phone: (208) 587-9225 FAX: (208) 587-3521
520 E. 8th Street North, Mountain Home, ID 83647
E-MAIL: mjones@cdhd.idaho.gov

VALLY COUNTY-Phone: (208) 634-7194 FAX: (208) 634-2174
703 N. 1st Street, Mc Call, ID 83638 E-MAIL: jlappin@cdhd.idaho.gov

NEW ____ RENEW ____ CHANGE OF OWNERSHIP ____ CHANGE OF ESTABLISHMENT NAME ____
LICENSED BY: CITY OF BOISE ____ STATE ____ MAXIMUM NUMBER OF CHILDREN ____
IS SMOKING PERMITTED? YES ____ NO ____ FEES: \$35 – NEW \$30 - RENEWAL

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____ EMERGENCY PH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ E-MAIL ADDRESS: _____

OWNERSHIP: _____

ADDRESS: _____

CITY: _____ STATE ____ ZIP: _____ PHONE: _____

WATER:	PUBLIC	_____	SEWER:	PUBLIC	_____
	PRIVATE	_____		PRIVATE	_____
	OTHER	_____		OTHER	_____

I hereby certify that all information contained in this application is accurate and complete and authorize the health authority access to this property for purpose of childcare health and safety inspection.

SIGNATURE _____ DATE _____

OFFICE USE

ESTAB. # _____ DATE ____/____/____ RECEIVED BY _____ INTERVAL ____

COUNTY CODE ____ JURIS. ____ PROGRAM CODE ____ EST. TYPE ____ SERVICE CODE ____

EHS# _____ ICCP? YES ____ NO ____ MAIL CODE ____

ACTIVATION DATE ____/____/____ NEXT INSPECTION DATE ____/____/____

GOV. OWNED? Y N FEE PAYING? Y N SMOKING PERMITTED? Y N